

Employment Services

Definition: Employment Services consist of intensive, on-going supports that enable participants for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting. Employment Services may include assist the participant to locate a job or develop a job on behalf of the participant. Employment Services are conducted in a variety of settings, particularly work sites where persons without disabilities are employed and include activities needed to sustain paid work. Employment Services may be provided in group settings, such as mobile work crews on enclaves, or in community-based individual job placements.

Models

Employment Services consist of three distinct models: Enclave, Mobile Work Crew, and Individual Community Placement:

1. **Enclave** – A small group of people (usually 8 or less) with developmental disabilities, who work under the supervision of an employee of the provider agency, in a community business/industry and along side non-disabled employees to produce goods or services controlled by the community business/industry (ex. janitorial services at a specific business/industry etc.). The contractual relationship is between the business/industry and the provider agency, whereby the provider agency then pays the consumer.

Note: One unit = ½ day

2. **Mobile Work Crew** — A small group of people(usually 8 or less) with developmental disabilities, who work under the supervision of an employee of the provider agency, as a self-contained business who typically move to different work sites, by selling a service (ex. landscaping, janitorial) to purchasers within the community. The contractual relationship is between the business/industry and the provider agency, whereby the provider agency then pays the consumer.

Note: One unit = ½ day

3. **Individual Community Placement** – Assessment, job development, placement, and training involve direct facilitation and instruction by DDSN job coach staff. Individual community placement provides support in; community based instruction, career awareness, skills acquisition, strategic on the job training, long term support and follow-along. Ongoing supports and identification of long term natural supports are imperative for the person with significant disabilities to participate in competitive employment and to ensure job stabilization without support throughout the tenure of the placement.

Note: One unit = 1 hour

Provider: Employment Services will only be provided by DSN Boards or companies/agencies qualified by SCDDSN to provide Employment Services. When Employment Services are provided through a Mobile Crew or Enclave model, the services must originate from a facility licensed by SCDDSN as a Day Facility.

Arranging for the Service: For those who are eligible to receive Employment Services provided by the DSN Board or local provider, their Plan must clearly reflect the need for the service. The recipient should be given a choice of providers of this service and the offering of choice must be documented. The recipient and/or his/her legal guardian should be provided with a listing of enrolled providers. If there is only one available choice then this must be explained to the recipient and/or his/her legal guardian and documented.

For Individual Employment Services, one unit equals one hour of service. For Group Employment Services (Enclaves or Mobile Work Crews), one unit equals a half a day or 2 to 3 hours.

Prior to adding Employment Services to the Waiver Tracking System, you must first ensure the service is added on the STS. If Employment Services are not already on the STS, you cannot add it to the Waiver Tracking System. Once you have ensured that the information is entered correctly onto the STS you may proceed with adding the services to the Waiver Tracking System.

Once the request is approved, Employment Services can be authorized using the **Authorization for Services (MR/RD Form ES-001)**. Providers of services will directly bill the DSN Board for payment.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Employment Services.

Monitorship of this service should occur with the individual/family and the service provider:

- At least monthly for the first two months
- At least quarterly thereafter
- Start over with each new provider or job site location

This monitoring will be considered complete when **one or more** of the following has been conducted:

- Review of documentation of services provided for the purpose of assessing the effectiveness, frequency, duration, benefits, and usefulness of the service (i.e. review of progress)
- Conversation/discussion with the recipient, recipient's family/caregiver, or Day staff member for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service.
- Conversation with the service provider about the effectiveness, frequency, duration, benefits, and usefulness of the service.
- On-site observation of the service being rendered for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service.

Monitorship of this service may occur during contact with the individual/family and/or the provider of services. Some items to consider during monitorship include:

- Where does the individual work?
- What type of work is the individual doing?
- What are their work hours?
- Do they want more hours or less?
- What is the Job Coach doing (specifically) for this individual?
- Is the Job Coach effective with assistance and training?
- How often does the individual see the Job Coach?
- Do they like where they work or do they wish to make a change?

- What are their job responsibilities? Are they too much for the individual? Do they want more responsibilities?
- How are they doing on the job? Are they accomplishing their job duties? Is the employer pleased with their work performance?
- How much income do they generate?
- Is transportation a problem?
- Are they on time to work?
- Is the individual satisfied with his/her current employment? Has his/her employment status changed since your last contact?
- Does the individual feel that he/she is receiving the amount of support needed at the worksite?
- Is the amount of services being received reviewed and changed, as the individual's needs change?
- Is the individual satisfied with the provider of services? Does the individual feel that the provider shows them courtesy and respect when delivering the service?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See **Chapter 9** for specific details and procedures regarding written notification and the appeals process.

S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER

AUTHORIZATION FOR SERVICES
TO BE BILLED TO DSN BOARD

TO: _____

RE: _____

Recipient's Name

/

Date of Birth

Address

Medicaid #

/ / / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Employment Services (INDIVIDUAL):

Assessment of Need for Services:

☐ Assessment _____ (number of units)

Authorization for Implementation of Individual Employment Services:

Number of Units Per Year: _____

(one unit = 1 hour of service)

Service Coordinator: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO THE DSN BOARD**

RE: _____

/

Address

Medicaid # / / / / / / / / / /

Prior Authorization # / / / / / / / / /

Authorization for Implementation of Group Employment Services:

Number of Units Per Year: _____

(one unit = 1/2 day or 2 to 3 hours)

Service Coordinator: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date _____

SAMPLE